

**BOILERMAKER  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

**Note:** An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

A “Boilermaker” is a tradesperson who possesses the full range of knowledge, abilities and skills required to fabricate, construct, install, assemble, erect, demolish, repair and maintain a wide variety of vessels, tanks, towers, boilers, hoists and other structures, ancillary equipment and fixtures made of steel, other metals, fiberglass, and other materials. The broad scope of the boilermaker trade includes the construction and maintenance activities performed in the field and in industrial and commercial plants.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,425 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

**A. Applicant Name**

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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**B. Employment Information of Applicant**

Enter the business information for the applicant’s period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: (    )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant’s Employment (MM/DD/YYYY):		Total Number Hours of <b>Boilermaker</b> Experience Accumulated in Period:
From:	To:	
Job Title of Applicant:		

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**C. Supervisor Contact Information**

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant’s Direct Supervisor:	Supervisor Position or Title:
Supervisor’s Phone Number: (    )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

**D. Supervisor Declaration of Job Task Performance of Applicant**

By checking “Yes” or “No” in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (54)	SUPERVISOR DECLARATION RESPONSE	
<b>PERFORMS COMMON OCCUPATIONAL SKILLS</b>		
<b>Maintains safe and healthy workplace</b>		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitors confined spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participates in healthy and respectful work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses, inspects and maintains tools, equipment and work platforms</b>		
Uses hand, measuring and layout tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses shop equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses cutting and welding tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hydraulic equipment and pneumatic tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses work platforms, scaffolding and access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mobile elevating work platforms (MEWP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Supervisor must enter name and initials on every page of this form*

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor’s Initials:

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JOB TASKS (54)	SUPERVISOR DECLARATION RESPONSE	
<b>Organizes work</b>		
Organizes project tasks and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documents, drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles materials and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demobilizes site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Performs cutting and welding activities</b>		
Cuts material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares weld joints for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits weld joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs tack welds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs basic welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs advanced welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains continuous learning</b>		
Upskills in new trade practices and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upskills in emerging technologies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses communication and mentoring techniques</b>		
Uses communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Plans lift</b>		
Determines load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs pre-lift analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures lift area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Rigs, hoists and positions load</b>		
Inspects rigging, hoisting and material handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (54)	SUPERVISOR DECLARATION RESPONSE	
Fabricates rigging accessories and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attaches rigging equipment to load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs hoisting and positioning operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures load before rigging removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Performs post-lift activities</b>		
Conducts post-lift inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COMPLETES NEW CONSTRUCTION</b>		
<b>Performs fabrication</b>		
Lays out components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuts components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forms components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constructs components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Assembles and fits vessels and components</b>		
Aligns vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fastens components</b>		
Bolts components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expands tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays up fibreglass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS REPAIRS, MAINTENANCE, UPGRADING AND TESTING</b>		
<b>Services vessels and components</b>		
Inspects vessels and components for defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (54)	SUPERVISOR DECLARATION RESPONSE	
Prepares vessels and components for servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs preventative maintenance and upgrades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tests materials, vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Removes vessels and components</b>		
Dismantles vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes materials and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. Supervisor Signature**

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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